

Lessons From the Practice

The Last Rancher in San Jose

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I read my patient's obituary in the paper: "Tony Torres, rancher, aged 80 years. Survived by nieces Carmen Gonzales and. . ."

Tony came up from Mexico to California as a young man. Back in the 1930s, San Jose was a farm town, nothing but orchards, canneries, and fruit packing plants. My older patients tell me that back then the air was so clear the Boy Scouts used to semaphore to each other at night using flashlights, blinking words across the valley from Mount Hamilton to the Santa Cruz Mountains. Tony and his brother picked fruit and chopped beets, learned enough English to supervise the labor teams, and saved every cent they could. They worked on a ten-acre ranch owned by an old Italian guy and by the 1940s had saved enough money to buy the place. It sat up in the foothills and overlooked the valley from what would become, a few decades later, the most valuable real estate in the county. His brother eventually married and moved away, but Tony kept the ranch profitable through the 1960s. Then the changes began.

The orchards disappeared. The cash crops became computer chips and housing developments, not apricots and prunes. Tony struggled for years to maintain his ranch and keep his trees alive. He laid irrigation pipes, hired workers to help with the shrinking harvest, and cursed the real estate developers who bought up the land around him. When the canneries all closed down he put up a fruit stand at the top of the dirt road that curled down to his stucco and Spanish tile house.

Tony's neighbors no longer were ranchers, but wealthy executives with enough money to buy the four- and five-bedroom ranch style homes. The newcomers would purchase some of Tony's harvest, but mostly it went to waste. On their way down to Silicon Valley his neighbors smiled wistfully at the old gray-haired Mexican guy who sat on a folding chair in front of the "Fresh Apricots and Prunes" sign; no one could understand why he did not sell the land and cash in—all that valuable real estate going to waste.

The drought killed his trees and everything dried up. Tony began keeping to himself, although his nieces, who were his only relations, would stop by now and then for a visit.

"Tío Tony," his niece Carmen would plead, "You

ought to sell this place. You could retire and then go relax, not worry about these old trees. The old times are gone. There is no reason to keep up this orchard!"

"No, Carmen, never," he would insist. "I'm not going to live down there." Tony would shove a callused hand out toward the smog hugging the valley. "I won't go live in town. All that noise. They are all crazy, no? *Todos están locos!*"

Carmen and her sister began cleaning their uncle's house once a week. They brought up groceries because he stopped leaving his old ranch. What started them worrying was that he neglected even washing a dish, and he let the mess just pile up, not even keeping himself clean properly. They would come in and find Tony talking to himself, the stovetop burners on and saucepans scorched. Once Carmen discovered him in the toolshed; he was fumbling around with rusted irrigation piping and swearing because he could not find a decent pipe wrench.

"Tío, all your trees are dead. There is nothing to bring in from them. *No hay fruta!* Why are you out here?"

After that episode Carmen dragged Tony into the clinic to see a physician. Until our first meeting, Tony had not been to a physician for his entire 79 years.

He was thin and wiry, his bronzed face unshaven and seamed by the years spent out-of-doors. Tufts of gray hair peeked out from underneath a Stetson-style cowboy hat, which he wore with dignity. He had on a blue work shirt and worn Levis, held up by a faded brown leather belt. Tony wore snakeskin cowboy boots with two-inch heels; even with them he was a short man. He spoke to me in the hybrid Spanish-English used by his generation of immigrants.

"No, Doctor, *no tengo nada. Me siento bien.* I don't have anything wrong. I feel fine." He looked at his niece with worried, sideways glances.

I examined him carefully and tested his mental status. He seemed a little undernourished—nothing too serious. Although he had little trouble regaling me with stories about San Jose before the war, he did not know the current year or month.

"Oh, don't worry about those things," he scoffed.

I sent him off to the laboratory and spoke to Carmen.

"Well, he seems all right physically. I am sending off a few simple blood tests, and I will prescribe some vita-

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mins for him. But as you probably know, there is not much I can do about his mind." I sighed with a mixture of profound respect and sadness for the old rancher.

"My uncle's only wish is to stay on his ranch, Doctor. My sister and I will do our best to keep him there." She smiled and shook her head, like a mother trying to understand a misbehaving, temperamental child.

I saw Tony every month; he went downhill quickly. Carmen's sister, a nurse's aide, moved into Tony's spare bedroom. She kept the house safe and Tony clean. My drugs kept him asleep at night and prevented him wandering out to the toolshed alone, where he could have injured himself. Eventually the Stetson he wore so proudly was replaced by a sagging baby blue knit ski cap. Tony's cowboy boots were replaced by house slippers and his Levis by diapers and flannel pajamas. At the end he just refused to eat or drink. He died at home, his nieces at his bedside.

I think about Tony Torres often. I admire my patient's stubborn refusal to sell his ranch, the way he persevered with working it as long as he could. He could have taken the easy road and accepted the new ways and sold his ten acres. He probably would have eventually wound up in a retirement community like most of his contemporaries, watching television and waiting for the next illness. On the other hand, there is something pathetic about how Tony refused to accept the inevitability of change. His

ranch became an anachronism and a symbol of his mental and eventual physical deterioration.

In a similar way to my patient's, there are forces at work in my life over which I have little control, forces that are changing my professional and personal life. Decisions made by politicians in Washington and my own hospital administrators have profound effects upon my daily practice. How can I adapt to the new ways, perhaps anticipate and influence them, and yet maintain my integrity and a sense of creativity? Will I, too, near the end, peer sadly out at the world from under a knit cap, with vacant eyes, desperate for reassurance that everything will be fine and just as I remember it?

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"Lessons From the Practice" presents a personal experience of practicing physicians, residents, and medical students that made a lasting impression on the author. These pieces will speak to the art of medicine and to the primary goals of medical practice—to heal and to care for others. Physicians interested in contributing to the series are encouraged to submit their "lessons" to the series' editors.

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